

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)**CASE MANAGEMENT AND CARE COORDINATION REIMBURSEMENT DOCUMENTATION****SUPPLEMENTAL ATTACHMENT TO THE CPBC FSR (DCH-0412)**

Local Health Department: _____	Reporting Period: _____
Prepared By: _____	Unit Prepared: _____

Care Coordination Services**I. Level I: Plan of Care (POC)** (Maximum of one Plan of Care per eligibility year per client)**Annual Plan of Care in the client's home:**

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|----|--|------------|----------|--|
| 1. | # of services provided to Title V clients | X \$150.00 | \$ _____ | |
| 2. | # of services provided to Title V/ XIX clients | X \$150.00 | \$ _____ | |

Annual Plan of Care by Telephone:

- | | | | | |
|----|---|------------|----------|-----------|
| 3. | # of services provided to Title V clients | X \$100.00 | \$ _____ | |
| 4. | # of services provided to Title V/ XIX clients | X \$100.00 | \$ _____ | |
| 5. | TOTAL Level I/ POC Services billed for Title V this period: (Lines 1 + 3) | | \$ _____ | PCA 88070 |
| 6. | TOTAL Level I/ POC Services billed for Title V/ XIX this period: (Lines 2 + 4) | | \$ _____ | PCA 88080 |
| 7. | TOTAL Level I/ POC Services billed for Title V and Title V/ XIX this period: (Lines 5 + 6) | | \$ _____ | |

II. Level II: Care Coordination (Maximum of 10 services per eligibility year per client)

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|-----|---|-----------|----------|---------------------|
| 8. | # of services provided to Title V clients | X \$30.00 | \$ _____ | PCA 88040 |
| 9. | # of services provided to Title V/ XIX clients | X \$30.00 | \$ _____ | PCA 88050 |
| 10. | TOTAL Level II Care Coordination billed this period: (Lines 8 + 9) | | \$ _____ | |
| 11. | TOTAL CSHCS Care Coordination (Level I + Level II): (Lines 7 + 10) | | \$ _____ | Enter on FSR |

III. Case Management Services (Maximum of six services per eligibility year per client without prior authorization by MDCH.)

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|-----|---|------------|----------|---------------------|
| 12. | # of services provided to Title V clients | X \$201.58 | \$ _____ | PCA 88010 |
| 13. | # of services provided to Title V/ XIX clients | X \$201.58 | \$ _____ | PCA 89650 |
| 14. | TOTAL CSHCS Case Management Services billed this period: (Lines 12 + 13) | | \$ _____ | Enter on FSR |

AUTHORITY: Title V and XIX of the Social Security Act
 COMPLETION: Is Voluntary

The Michigan Department of Community Health is an equal opportunity employer, services, and programs provider.